

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7374

1140

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 378	PRIMARY REG. DIST. NO. 1285	Registrar's No. 4
1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>		
b. CITY OR TOWN <u>Mtn. GROVE Rural</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>	c. CITY OR TOWN <u>Mtn. GROVE</u> <u>1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rural</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Neukirk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1881</u>	9. AGE (In years last birthday) <u>69</u> <u>5</u> <u>6</u> <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Saint Francis County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JAMES Barnes</u>		
13b. MOTHER'S MAIDEN NAME <u>Melinda Agnew</u>		14. NAME OF HUSBAND OR WIFE <u>Wm David Neukirk</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Neukirk Mountain Grove, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Haemorrhage Cerebral</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTEGRITY BETWEEN ONSET AND DEATH <u>Feb 10 1951</u> <u>Not known</u> <u>Not known</u> <u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 5, 1949</u> , to <u>Feb 10, 1951</u> , that I last saw the deceased alive on <u>Feb 10, 1951</u> , and that death occurred at <u>7:30 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Ed Cairns M.D.</u> (Degree or title)		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>Feb 16 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-17-51</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>	348	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Barber, Mtn. Grove</u>

County File Number 251-13  
Date Filed Feb. 24, 1951

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed Russel Barber

Licensed Embalmer No. 3848

P. O. Address W. W. Moore, Jr.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.